



SOUTHWESTERN UNIVERSITY

Request and Authorization to Disclose Information

Person completing this form:

FULL NAME: _____ SU ID: _____

EMAIL: _____ PHONE NUMBER: _____

By completing this form, I authorize Southwestern University to release information related to my educational record, including my student conduct record related to sexual misconduct allegations, investigation proceedings, pending investigation proceedings, determination of responsibility and sanctions imposed, to the below listed institutions or persons:

Institution/Person 1: _____

Institution/Person 2: _____

Institution/Person 3: _____

Institution/Person 4: _____

Institution/Person 5: _____

I understand that this authorization form expires one year from the date of signing unless I revoke this release in writing prior to that date.

Signature

Date